

PEDIATRICS.

UNDER THE CHARGE OF

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A Study of 1778 Cases of Diphtheria.—RICHARDIÈRE reported to the International Medical Congress (*Revue mensuelle des Maladies de l'Enfance*, August and September, 1900, p. 407) a series of 1778 cases of diphtheria cared for at the Hôpital Trousseau, the diagnosis having been confirmed in every case by bacteriological examination.

Of the total number 280 died, a gross mortality of 15.7 per cent. Excluding from the statistics the cases that were fatal after less than twenty-four hours' sojourn in the hospital, which received practically no treatment, the deaths were reduced to 205, a mortality of only 11.5 per cent. Thanks to serotherapy, the prognosis of diphtheria, when operation upon the larynx is not required, has become almost benign. Thus of 1115 cases without operation there were 61 deaths, a mortality of only 5.5. On the other hand, the mortality of croup requiring operation remains high—27 per cent.

The treatment consisted of injections of Roux's serum (10 c.c. up to one year; 15 c.c. from one to two years; 20 c.c. above two years). Locally, lavage of the pharynx was made with solutions of permanganate of calcium, 1 to 4000. In the simple cases lavage and all internal treatment were withheld. There were no grave accidents imputable to the serum.

Eruptions occurred in 198 cases and followed five different types, pure or combined, namely, scarlatiniform, urticarial, roseolic, purpuric, erythematous, and polymorphous. The time of appearance after injection of serum varied from two to fifteen days. They were accompanied by elevation of temperature of from 1° to $1\frac{1}{2}^{\circ}$, and almost constantly by a fetid diarrhoea of short duration. Articular complications appeared in fifteen cases, most often arthralgic only, exceptionally inflammatory. The two principal causes of death were toxicity and bronchopneumonia. Primary toxicity seemed to be rebellious to all treatment; secondary toxicity could be prevented by early employment of the serum. Cardiac failure was treated satisfactorily by sulphate of sparteine and by injections of artificial serum in massive doses. Bronchopneumonia was the most frequent cause of death. Intubation was rarely a cause, but in intubated cases the cause of death was most frequently the diphtheric infection complicated by a secondary infection. The treatment of the bronchopneumonia is unsatisfactory. In three series of cases treated respectively by cold baths, warm baths, or without bathing the percentages of mortality were about equal.

The complications most frequently observed were suppurative sub-maxil-

lary adenitis and otitis. Other complicating conditions noted were : abscess of the mediastinum, œdema of the glottis, gangrene of the larynx, endocarditis, cerebro-spinal meningitis, pleurisy, icterus, eclampsia, and nephritis. There were fifty-one cases of paralysis, most frequently localized to the uvula, rarely generalized. In two cases the paralysis, of hemiplegic type, was due to a lesion of the brain.

Diphtheria complicating other infections was particularly grave. In twenty-five tuberculous cases the mortality was 21.

Bacteriologically the long bacillus was found in one-quarter of the cases, and the medium and short in the other three-quarters. Streptococci were observed almost constantly in the cultures, whence the author concludes that the simultaneous presence of diphtheria bacilli and streptococci is without prognostic significance.

A Lymphatic Anæmia Met with in Children.—ALEXANDER MACGREGOR (*The Lancet*, September 29, 1900, p. 931) calls attention to a form of anæmia which he believes has not been hitherto described, and which in his experience is not uncommon in children, but is never met in the adult.

The signs and symptoms are so characteristic that it cannot be mistaken for any other form of anæmia or affection of the lymphatics. Of twenty-three cases of which notes have been preserved the ages ranged from three to sixteen years, and eighteen of these patients were between three and eleven years of age; nineteen were boys and four girls. In no case was there a history of an acute stage or sudden onset. The disease runs a very chronic course, and recovery is the rule. The history of the cases shows that the glandular affection is in no way connected with those enlarged glands which usually become (or are from the first) tuberculous, and the characteristic adenitis and the chronic course distinguish it from glandular fever. The anæmia may or may not be very marked; the adenitis is always marked, but it is easily overlooked, because none of the glands are large enough to attract the eye. The glands are small and hard, and they are always numerous in the cervical triangles and in the groins. The axillary glands are never affected. That the bronchial glands are frequently, if not always, enlarged one may safely infer from the fact that cough is in many cases a troublesome symptom when there is nothing in the lungs to cause it. The mesenteric glands are probably also affected, but abdominal symptoms are rare. The spleen is distinctly increased in size in a large proportion of cases. Catarrhal pneumonia of one or both bases is not uncommon; in one case there was pleural effusion, and in another well-marked signs of thickened pleura.

The blood shows a decrease of the red and a large increase of the white corpuscles, and of the latter the increase of the large uninucleated corpuscles is very striking. The lymphocytes form from 12 to 13 per cent., the large uninucleated from 20 to 39 per cent., the multinucleated from 41 to 63 per cent., and the eosinophiles from 2 to nearly 7 per cent. The increase of the large uninucleated corpuscles from 6 (normally) to 39 per cent. is thus seen to be very marked. In two cases the multinucleated and the large uninucleated corpuscles were present in practically equal numbers, and very few small lymphocytes were seen.